



**Arthritis and musculoskeletal conditions  
affect almost 1 in 3 Australians  
7 million voices | 7 million stories**

# The 7 million Australians living with arthritis and musculoskeletal conditions are seeking your commitment to:

## 1. Invest in game-changing arthritis and musculoskeletal research to transform lives and generate health system savings

For every Australian living with arthritis and MSK, the government spent just \$6 on research through the NHMRC in 2023. This compares to \$108 per person living with dementia, and \$72 per person with a cardiovascular condition.

Boosting arthritis and musculoskeletal research could transform quality of life for people of all ages living with pain and disability. By establishing a Medical Research Future Fund Arthritis and Musculoskeletal Mission we could save the health system billions and give the hope of a cure for these debilitating conditions.

**For every Australian living with arthritis and MSK, the government spent just \$6 on research.**

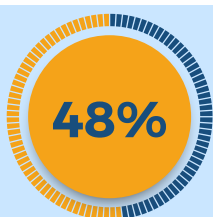
## 2. Action on out-of-pocket healthcare costs - reform safety nets, and provide timely relief from fees when it is needed most

Too many people are struggling with the costs of care and face the awful dilemma of choosing between buying basics like food or being able to afford their healthcare. We are calling for reforms including Introducing a single, automated Health Safety Net covering both the Pharmaceutical Benefits Scheme and Medicare, changing the expenditure qualifying periods to a 12- month rolling period to ensure people get equitable access to concessions, and provide additional fee relief during arthritis flares when healthcare costs skyrocket.

***A recent study of younger people living with arthritis in Australia found median per person out of pocket expenditure of \$1,635 in just six weeks***

## 3. Fund affordable and accessible care for people with arthritis and musculoskeletal conditions, including exercise and rehabilitation through allied health and social prescribing programs

Too many people are forced to put up with the pain with little care or support, languishing on elective surgical waiting lists that can exceed 500 days. Allied health services such as those provided by physiotherapists and dieticians are critical but simply unaffordable for many people.



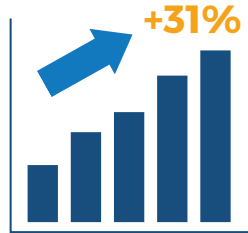
Survey finding: 48% report cutting back on allied healthcare spending this year due to cost-of-living pressures

For more details on these issues see pages 8 - 15

### Australians living with arthritis



4.11 million in 2025



5.39 million in 2040

The number of people with arthritis could reach 5.56 million by 2040 in a high population growth scenario



Arthritis affects more females than males

### By 2040 there is likely to be

3,109,722 Australians with osteoarthritis

748,721 Australians with rheumatoid arthritis



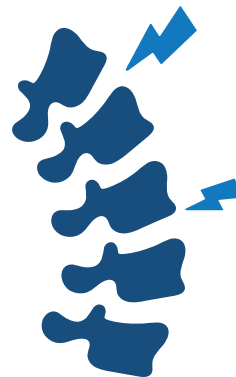
**\$11.92 billion**

health system expenditure for these conditions



8,514

Children and adolescents with juvenile idiopathic arthritis in 2040



4 million (16%) Australians are estimated to be living with back pain



Lost GDP due to back pain is estimated to be **\$10.5 billion**

## 7 million stories

*'I am 32. Due to my condition, I can only work part time. I am limited by my pain and my medical appointments and tests. I struggle to stand, sit or walk for any length of time, am in constant pain. My physical pain I can cope with, but the shame and isolation from my financial hardship is debilitating.'*

***"I'm very frugal and trying to control symptoms with diet exercise and balancing breaks with movement and productivity whilst protecting mental health. I feel that I am unable to progress without medical and allied health care."***

*"We lived with 4 years of poorly controlled arthritis before finding a drug that worked. My daughter stopped sport and most other activities. She cried and was angry and exhausted every day. She could only walk for about 10 minutes and we were using a wheelchair part time. Sitting on the floor was difficult at school. Handwriting continues to present some challenges. It is OK for a while but fatigue cuts in after 10 minutes. Gastroesophageal complications have resulted in ulcerative esophagitis and duodenal disease and constant discomfort."*

***"My freedom from psoriatic arthritis involved joint replacement and fusion surgery with 18 months from the initial appointment... I also waited 12 months to replace an osteo damaged hip at which time i was classified as disabled."***

*"Over half of Australians living with osteoarthritis are not receiving care according to clinical guidelines. Our healthcare system incentivises high-cost, late-stage procedures, while failing to fund earlier lifestyle behavioural interventions. By providing better clinical care at an earlier stage, we can help individuals manage their arthritis more effectively and avoid or delay invasive surgeries to alleviate pain" - **Professor David Hunter***



*"Arthritis and musculoskeletal conditions are one of the leading causes of burden in Australia both in terms of patients disability as well as the health care utilisation and costs. If the government gives arthritis and musculoskeletal conditions an MRFF Mission we can implement what we know from evidence to ensure patients receive the best evidence-informed care and we can identify and evaluate new treatments".*

***- Professor Rachelle Buchbinder***

## **Our arthritis and musculoskeletal community are coming off the bench this federal election and making their voices heard**

Over 7 million Australians of all ages are currently living with painful musculoskeletal (MSK) conditions, including arthritis and back pain. Many live with life-altering chronic pain and disability, and some with autoimmune conditions that can affect not just their joints but eyes, lungs and other organs and cause severe fatigue and 'brain fog'. Three-quarters of those with arthritis have at least one other chronic health condition, and arthritis puts them at higher risk of heart conditions, depression, diabetes, and death.

These are often invisible conditions that can flare up without warning, and impact people's ability to work and fulfill social and caring roles, with negative impacts on mental well-being and quality of life.

Many people are forced to give up or reduce work hours long before they want to. This not only impacts them and their families, as they struggle to meet living and healthcare costs on a reduced income, but it also costs the community in the form of lost income and greater welfare payments. Arthritis is a leading cause of early retirement due to ill health, with a projected 59,000 people of working age being forced out of the labour force by 2030. This will lead to a loss of personal income projected at \$2.6 billion, with the cost to the government of over \$1.1 billion a year in extra welfare payments and lost taxation revenue. Lost GDP due to arthritis-related early retirement will reach \$9.4 billion a year by 2030. Lost GDP due to back pain is estimated to be \$10.5 billion.

The number of people living with arthritis will increase from 4 million in 2025 to nearly 5.4 million by 2040—an increase of 31%. Two million of these people will be of working age. Women are disproportionately impacted by arthritis, with the prevalence of osteoarthritis for women projected to be almost 80% higher than for men by 2040.

The financial cost of arthritis and MSK conditions is huge, at over \$15 billion a year in health system costs, with consumers spending many thousands of dollars out of pocket. Younger people living with arthritis in Australia spent a median of \$1,635 in just six weeks (over \$14,000 a year) in a recent study. Too many people struggle with the costs of managing their conditions and face the awful dilemma of choosing between buying basics like food or being able to afford their healthcare. This is an unacceptable situation that can drastically change the trajectory of a person's life, especially for young Australians.

Yet the majority of Australians with arthritis and MSK conditions are not receiving the care that clinical guidelines recommend. People with inflammatory conditions such as rheumatoid arthritis and children with juvenile arthritis face delays in diagnosis and

treatment that lead to irreversible damage and disability. Not only does this lead to poorer health outcomes, but it increases costs to the health system.

Too many people are forced to put up with the pain with little care or support, languishing on elective surgical waiting lists that often exceed 500 days. Allied health services such as those provided by physiotherapists and dieticians are critical but simply unaffordable for many people, with less than 2% of people with hip/knee osteoarthritis being able to access allied health services covered by Medicare.

Research funding for MSK conditions receives less than a third of that provided for other diseases, such as cancer or cardiovascular disease, which have a similar or lesser burden of disease.

The good news is that there are significant opportunities to provide better care that is also cheaper, including proven near-term cost savings from delaying or avoiding joint replacement surgeries. The Australian Commission on Safety and Quality in Healthcare has recently updated its Clinical Care Standard for osteoarthritis of the knee, stating that “most people can successfully reduce their pain and improve mobility without major surgery and the associated costs, recovery period and potential complications.”

By harnessing the untapped potential of the Medical Research Future Fund, the lived experience of consumers, and innovative research approaches, Australia can accelerate its world-leading arthritis and MSK research, offering the hope of freedom from arthritis and the potential to save valuable health dollars.

People living with arthritis and MSK conditions have been overlooked for too long, without the care and support they need to get active, and fully participate in community life. Now is the time to fund the care and research that we know will transform lives.

We are calling on all parties and candidates in the 2025 federal election to commit to these three actions to transform the lives and give hope to over a quarter of Australians living with these conditions.



Jonathan Smithers,  
CEO – Arthritis Australia

## ABOUT ARTHRITIS AND MUSCULOSKELETAL CONDITIONS

Arthritis and musculoskeletal conditions are some of the most common, costly and disabling chronic conditions in Australia. They affect almost 1 in 3 Australians of all ages and are a leading cause of disability and early retirement from the workforce.

Contrary to popular perception, they are not an inevitable part of ageing and much can be done to prevent and better manage these conditions to reduce their impact and severity.

Investing now in research and programs for better prevention, treatment and care will help to reduce these future costs.

Common arthritis and musculoskeletal conditions include:

### **Osteoarthritis (OA)**

Osteoarthritis is the most common form of arthritis, affecting about 2 million Australians. It commonly affects knees, hips and hands, and is a leading cause of disability in older adults.

### **Rheumatoid arthritis (RA)**

RA is a serious inflammatory auto-immune form of arthritis that can occur at any age, and affects about half a million Australians. Early diagnosis and appropriate treatment can prevent or delay much of the joint damage, deformity and disability associated with RA.

### **Juvenile Idiopathic Arthritis (JIA)**

JIA is an inflammatory autoimmune condition that affects 6000-18,000 Australian children and young people. If not treated quickly and appropriately, it can seriously affect the growth and development of a child, causing severe joint damage, growth abnormalities and permanent disability.

### **Low back pain**

Low back pain is pain that is felt in the lower part of the spine, and in many cases, it is not possible to identify a specific body structure cause when pain persists. Back pain affects about 4 million Australians, is one of the most common workplace injuries, and a driver of emergency department presentations.

## 1. Invest in game-changing arthritis and musculoskeletal research to transform lives and generate health system savings

Arthritis Australia is calling on all political parties and candidates to commit to:

- **Increasing the Medical Research Future Fund annual spending by 50% and directing funding to neglected areas of need and high burden such as arthritis and other musculoskeletal (MSK) conditions.**
- **Providing \$5m over 5 years for consumer centred research and innovative approaches such as adaptive platform clinical trials in the most common arthritis conditions.**
- **Establishing a Medical Research Future Fund Arthritis and Musculoskeletal Mission, as recommended in the National Strategic Action Plan for Arthritis, to increase strategic investment in research and research capacity including consumer led research, to transform care and quality of life, and generate health system cost savings.**
- **Ensuring that the new National Health and Medical Research (NHMRC) strategy guides funding decisions to better reflect burden of disease and impact.**

### The issue

- Despite Australia having many of the world's top researchers in arthritis and MSK conditions, research funding is shockingly low relative to the disease burden and cost of these conditions.
- For every Australian living with arthritis and MSK, the government spent just \$6 on research through the NHMRC in 2023. This compares to \$108 per person living with dementia, and \$72 per person with a cardiovascular condition.

Table 1: Cost, burden and research funding for the four leading causes of disease burden by disease group, plus dementia.

Impact	Cancer	CVD	Arthritis & MSK	Mental Health	Dementia
Burden of disease (2023)	17%	12%	13%	15%	4.4%
Health system cost (2022-22) \$bn	\$18.9	\$16.2	\$15.9	\$11.9	\$5.4
NHMRC funding (2023) \$m	\$165.6	\$93.1	\$43.1	\$105.5	\$44.2
Medical Research Future Fund Missions \$m	\$135 (brain cancer)	\$220	Nil	\$125	\$185



- The Medical Research Future Fund (MRFF) was intended to direct research funding to neglected areas of need and high burden. However, a recent analysis found that targeted, disease-based funding provided through the MRFF tends to go to disease groups with a high mortality burden and overlooks disability burden.
- Without additional investment in research, we will not be able to improve care and treatment, reduce inequity gaps, or find a cure for arthritis in its many forms. We also risk losing experienced researchers overseas or to other fields, so that our overall capacity for arthritis research will decline.

## Solutions

- The MRFF provides the opportunity to direct research funding to neglected areas of need and high burden, such as arthritis and MSK conditions, and to take innovative research from the laboratory right through to clinical practice and commercialisation.
- The drive for consumer centred and consumer led research presents opportunities to make research more impactful at every stage, from reflecting consumer priorities and unmet needs to genuine co-design through to implementation. The arthritis and MSK community have engaged and experienced consumers and consumer-researchers who can drive transformative outcomes with the right support.
- Implementation of arthritis and MSK research has a proven track record of reducing health system costs while improving care. The outcomes of a MRFF Mission could generate significant savings that could be reinvested into a sustainable source of funding for research.
- Investing \$5m over 5 years into innovative approaches such as adaptive platform clinical trials in each of the most common arthritis conditions could be a game changer, with further investment for those progressing to new treatments.
- According to Research Australia, the Australian Government could spend 50% more per year on research if it fully utilises MRFF funding . This unused funding could transform the lives of millions of Australians.
- The Government's planned development of a new national health and medical research strategy provides the opportunity to improve transparency and ensure that funding decisions better reflect the burden of disease and its impact.

## Benefits of action

- People of all ages living with the pain and disability of arthritis and MSK conditions could have transformed quality of life, better ability to work, and the hope of a cure for these debilitating conditions.
- A MRFF Mission would bring Australia's world leading researchers together to develop a roadmap to supercharge research, with a longer-term strategic focus and funding to take research from the lab to clinical practice, and tackle key challenges including prevention and lifestyle behaviour change.
- Investing in research into the most effective and affordable strategies to deal with these conditions could save the health system many hundreds of millions of dollars a year. Some areas of expenditure where research could achieve substantial cost savings include:
  - **Approximately \$3.7 billion** a year is spent on joint replacement surgery for osteoarthritis (OA). At least **\$1 billion** of this cost could be avoided by 2030 by delivering better management and lifestyle modifications for people at risk of knee replacement. In addition, 20-40% of people who have this surgery achieve little clinical benefit for reasons that are not clear at the time of making a decision for surgery. Research into better patient selection for surgery and the delivery of more effective models of care for OA in primary care would achieve improved health and quality of life outcomes at much lower cost.
  - **Over \$757 million** a year is spent on biological drugs for rheumatoid and other inflammatory forms of arthritis, which have revolutionised care for these patients. However, research to improve drug targeting (personalised medicine) and immunotherapy that may lead to a cure could ultimately provide improvements to care and cost savings:
    - Australian researchers are currently leading early detection and intervention research for people at high risk for rheumatoid arthritis (RA), the most common form of inflammatory arthritis. Early detection, lifestyle interventions and immunotherapy may lead to a cure.
    - The Australian Arthritis and Autoimmune Biobanking Collaborative is being rolled out with philanthropic support to provide the infrastructure, biospecimens, data linkage and big data analysis capacity to support research in this area. Additional funding could accelerate the roll-out and allow additional conditions to be included.
  - **\$397 million** a year is spent on imaging for back pain, which may be mostly unnecessary and which could be addressed by a modest investment in research into better models of care.

## 2. Action on out-of-pocket healthcare costs, reform safety nets, and provide timely relief from fees when it is needed most

*“With my job I can afford food and living expenses but spend all spare money on doctors and medication. I have to push through the pain to keep my job.”*

Arthritis Australia is calling on all political parties and candidates to commit to reducing out of pocket costs for consumers by:

- **Introducing a single, automated Health Safety Net covering both the Pharmaceutical Benefits Scheme and Medicare.**
- **Change the expenditure qualifying periods to a 12- month rolling period to replace the fixed calendar year qualifying period**
- **Provide “surge support” during arthritis flares for fee relief when healthcare costs skyrocket.**

### The issue

- Consumers surveyed by Arthritis Australia over many years, report that they face high ongoing and long-term out-of-pocket costs for their care, which is mostly undertaken in the private sector, including:
  - GP and specialist fees
  - scans and tests
  - allied health services (especially for exercise therapy)
  - medicines
  - surgery and anaesthesia private health insurance gap fees.
- Arthritis conditions can flare unpredictably, leaving people suddenly unable to work and forced to pay high healthcare costs over a short period of time. Sometimes they simply don't have the money in their bank account, and are forced to make difficult decisions between paying for treatment or paying for food, housing and essentials.
- In our 2023 survey of people with the chronic pain condition fibromyalgia, two-thirds of respondents report they cannot afford many of the health appointments and the medications they need. Of these, 83% have stopped using allied health support or are reducing the number of visits; 48% have cut back on seeing their specialist; 37% on GP appointments; and 28% on medications.<sup>i</sup>
- Allied health is a particular area of need, with research from Arthritis Australia and the Australian National University expected to be published in 2025, gathered from a survey of 760 people living with arthritis and musculoskeletal conditions, has found:

- 44% of respondents reported spending over \$100 a month out of pocket on allied healthcare, for which there is currently limited government-funded access.
  - 48% of respondents reported cutting back on allied healthcare spending this year due to cost-of-living pressure.
  - 43% of respondents reported increased pain and other symptoms as a result of cutting back on health care - with thirty-nine percent also reporting mental health impact.
- A recent study of younger people living with arthritis in Australia found median per person out of pocket expenditure of \$1,635 in just six weeks. Another recent study estimated the total out-of-pocket expenditure on OA treatment for Australian women aged 50 years and over to be approximately \$873 million annually. Women, who are at greater risk of arthritis, also face greater financial disadvantage, with gender pay and superannuation gaps, and time out of the workforce caring for children.

***“I prioritise my health over social activities so I can keep working. The decline in my general health and ability to work full time worries me as I am a 53 year old single woman with no children. With excessive rent increases in the rural town I live in, I am very concerned about my future.”***

## Solutions

- By introducing a single, automated Health Safety Net covering both the Pharmaceutical Benefits Scheme and Medicare, consumers will more easily and equitably be able to access concessions once their spending exceeds a single threshold.
- By changing the safety net expenditure qualifying periods to a 12- month rolling period to replace the fixed calendar year qualifying period, people’s access to concessions will be the same regardless of what time of year they become unwell.
- By providing a short term “surge” safety net during arthritis flares when healthcare costs skyrocket, people will have some relief from fees and be more able to afford the care they need to recover and stay in the workforce

## Benefits of action

- Relief from out- of- pocket healthcare costs will mean people can afford the treatment they need to stay well and in the workforce. Arthritis has a major impact on the costs of the welfare system and the broader economy. Welfare payments have been projected to exceed \$780 million by 2030, and lost annual taxation revenue is projected to increase to \$660 million. A loss of \$9.4 billion in GDP was projected by 2030.
- By ensuring that people can afford timely healthcare in response to a flare-up, they are less likely to face a significant worsening of their condition, and more able to stay in work.

### **3. Fund affordable and accessible care for people with arthritis and musculoskeletal conditions, including exercise and rehabilitation through allied health and social prescribing programs**

Arthritis Australia is calling on all political parties and candidates to commit to:

- **Funding the national community-based delivery of evidence-based group exercise and education programs designed to improve health outcomes for people with arthritis and MSK conditions, at a cost of \$5 million.**
- **Funding affordable access to allied health care packages for those who need them.**
- **Funding a program of lifestyle and behavioural care targeting 10,000 people with OA at high risk of being placed on a surgical waiting list, at a cost of \$11.5 million, including program design and evaluation.**
- **Funding the implementation of proven cost-effective service models for arthritis and MSK conditions developed through world leading Australian research.**

#### **The issues**

- The majority of Australians with arthritis and MSK conditions are not receiving the recommended clinical care. They can also suffer from social isolation and loneliness, and lack access to education and support to empower them to self-manage their condition. People with arthritis commonly report that they are advised to 'put up with' their condition and offered few options for their treatment. A recent survey found that only half of people receiving care for their arthritis were satisfied with the information and support they received for their condition and only 30% were satisfied with the support they received for their emotional and mental wellbeing.
- Community-based affiliated arthritis organisations stand ready to deliver the education and support programs needed to assist people to improve their lifestyles and gain lasting benefits from allied health expertise. Funding these programs and linkages to social prescribing will supplement more expensive care such as allied health services.. They need funding so that more consumers can access evidence-based education and support programs that have been shown to improve pain and quality of life, to reduce use of painkillers and sick leave.
- For those who need them, allied health services, for example physiotherapy, exercise physiology, dietetics, clinical psychology and occupational therapy, are highly valued to help them manage their condition. However, cost is a significant barrier to access. New research from Arthritis Australia and the Australian National University, gathered from a survey of 760 people living with arthritis and MSK conditions, has found:

- Nearly half (44%) spend over \$100 a month out of pocket on allied healthcare, for which there is currently limited government-funded access.
  - Almost half (48%) surveyed report cutting back on allied healthcare spending this year due to cost-of-living pressures.
  - 43% report that reducing their spending on healthcare has resulted in increased pain and other symptoms, with 39% also reporting mental health impacts.
- There is an opportunity to implement models of care for people with arthritis that could not only improve their pain and quality of life, but reduce elective surgery wait times and save the health system billions of dollars. Osteoarthritis (OA) is one of the most expensive disease groups to the health system and the main driver of joint replacement surgeries, a substantial proportion of which are avoidable with proper first line care. Management of OA costs the health system \$4.3 billion in 2020–21 or 2.9% of total health system expenditure. A recent study has projected alarming growth in total knee replacements and total hip replacements by 276% and 208% by 2030, at a cost of \$AUD5.32 billion. Public elective surgery waitlists are unacceptably long, with 37% of patients waiting over a year for a total knee replacement in 22-23, often living with severe pain and disability.
  - There exists a significant opportunity to reduce costs while improving care: a recent high-quality budget impact analysis has estimated that delivery of a first-line OA management program, including education and support for symptom management, physical activity, and weight loss would translate to health system savings of over \$1 billion a year by 2029 through avoidance of knee replacement surgeries.
  - World leading Australian research has developed cost effective service models for many arthritis and MSK conditions, that are left to sit on a shelf without a funding pathway to implementation. While other countries reap the benefits of implementing these models, Australians are missing out.

## Benefits of action

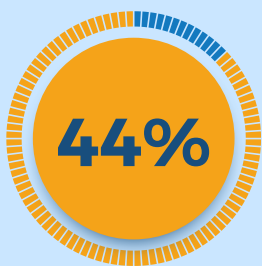
- Funding better, cost effective care for arthritis and MSK conditions could improve quality of life and health outcomes for millions of Australians, save health system costs and improve workforce participation and productivity.
- Funding arthritis state and territory affiliated community-based organisations to provide education and support for people with arthritis will supplement allied health to assist people to change lifestyles and fully gain lasting benefits from allied health expertise, and help manage current gaps in the provision of care and support within the health system, leading to improved health outcomes and quality of life.

- More affordable access to allied health would bring financial relief and improve pain and disability.
- A model of care targeting 10,000 people with OA at high risk of surgery would improve their quality of life, and likely result in at least 50% of participants avoiding a knee replacement, equating to \$60 million in savings within a 12 month period.

**For more information and costed budget proposals, see Arthritis Australia’s 2025 budget submission.**

***“As a pensioner, I cannot afford to attend exercise classes and these taught me what I can do to help my arthritis safely”***

*[The program] has been a great help to me in many ways. It gets me moving as well as giving me access to a safe community. I look forward to the classes each week because my mobility has increased and I know I will improve more with continued participation. The classes are enjoyable too.*



**Survey finding: 44% spend over 100\$ a month out-of-pocket on allied healthcare**

## **ABOUT ARTHRITIS AUSTRALIA**

Arthritis Australia is Australia’s leading national arthritis charity. We work in collaboration with Affiliated arthritis organisations in the Australian Capital Territory, New South Wales, Northern Territory, Queensland, South Australia, Tasmania and Western Australia to deliver information and support to people living with more than 100 types of arthritis.

- We provide information resources to help people live well with arthritis.
- We are the leading non-government funders of arthritis research in Australia.
- We advocate to the government and industry for policies, programs, and funding initiatives.
- We develop partnerships with national organisations with aligned values to fund and support our activities.
- We work collaboratively with Affiliated arthritis organisations and peak health organisations to improve the health and wellbeing of people living with arthritis.